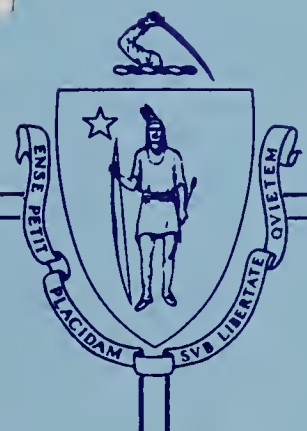
PROFILE

BRIEF

THE 1983 SOCIAL SECURITY REFORM ACT
IMPACT ON THE ELDERLY
OF MASSACHUSETTS



LEGISLATIVE SERVICE BUREAU

THE 1983 SOCIAL SECURITY REFORM ACT IMPACT ON THE ELDERLY OF MASSACHUSETTS

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INTRODUCTION

The Social Security Reform Act of 1983 (HR 1900) has enacted major changes in the Social Security law that have an immediate impact on the elderly citizens of Massachusetts.

The Profile Brief will analyze the amendments to the law that effect the elderly in Massachusetts as well as some of President Reagan's FY84 Budget Proposal still pending before the Congress of the United States.

BACKGROUND

The Old Age and Survivor Insurance Act (OASI) was enacted in 1935 as part of the New Deal. The act established a mandatory federal program for insurance to be paid by both employer and employee with matching funds. Beneficiaries were entitled to receive full retirement benefits at age sixty five (65). The Social Security Act, which the law has been popularly named, has undergone numerous amendments and additions since its inception.

In 1965, President Lyndon Baines Johnson signed the Medicare (HI) Hospital Insurance provision, which provides health insurance or Medicare to most individuals age 65 and over. Also eligible are disabled people who have been on the disability rolls for twenty-four (24) months, and to certain workers and their dependents who need kidney transplants or dialysis. Medicare is composed of two parts - the Hospital Insurance Program (Part A) and the Supplementary

Medical Insurance Program (Part B).

Hospital Insurance (Medicare Part A) pays just about all the cost of inpatient hospital services and limited amounts towards the cost of skilled nursing facility services and home health care. Specifically, hospital insurance will cover:

1. 90 days of inpatient hospital care subject to a deductible equal to the average cost of hospital care, currently $304: a daily co-payment, currently $76, is required by the beneficiary from 61st through the 90th day. An additional life-time reserve of 60 days (subject to a daily co-payment amount of $152) may be drawn upon, if a beneficiary is hospitalized longer than 90 days during a benefit period.
2. Up to 100 days in a skilled nursing facility for persons in need of skilled nursing care and/or rehabilitation services on a daily basis. After the first 20 days, beneficiaries must pay a daily co-payment charge of $38.
3. Home health services. No deductibles or co-insurance payments are required for such services.

Supplementary Medical Insurance (Medicare Part B) pays 80 percent of "reasonable charges", after the enrollee meets an annual deductible of $75, for: physicians' services: limited services of chiropractor, podiatrists and dentists; laboratory and other diagnostic tests; x-ray and radiation therapy; home dialysis supplies and equipment;

artificial devices other than dental; physical and speech therapy; ambulance services; and certain other services.[1]

In 1972, Congress enacted the Supplemental Security Income Program. This replaced Federal-State Programs for Old Age Assistance and aid to the handicapped. The program provides supplemental income for eligible aged and disabled persons to bring them up to a specified income bracket.

Social Security now provides pension benefits, survivor benefits, disability insurance and death benefits to all covered employees. Table I illustrates the growth in the Social Security law, the amount of benefits and beneficiaries under the Old Age and Survivor Insurance (OASI) Disability Insurance (DI) and Medicare (HI), 1950 to present.

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[1] Munnell, Alicia. "The Current Status of Social Security Financing," New England Economic Review, June, 1983, p. 48.

TABLE I

Benefits, Beneficiaries, and Trust Funds Reserves under Old-Age and Survivors Insurance (OASI), Disability Insurance (DI), and Hospital Insurance (HI), Selected Years 1950-1983.

	BENEFITS ($ Billions)				BENEFICIARIES (Millions)				
YEAR	OASI	DI	HI	TOTAL	OASI	DI	TOTAL	HI2	TRUST FUND RES ($ Billions)
1950	1.0	-	-	1.0	2.9	-	2.9	-	13.7
1960	10.7	0.6	-	11.3	13.7	.05	14.2	-	22.6
1970	28.8	3.1	5.1	37.0	22.6	2.6	25.2	20.4	41.3
1980	105.1	15.4	25.1	145.6	30.4	4.7	35.1	27.6	40.1
1983	151.6	17.7	41.1	210.5	32.4	4.0	36.4	29.6	39.1

*Includes both aged and disabled beneficiaries as of July 1, 1973, hospital insurance protection was extended to disabled persons who had been on the disability rolls for 24 months.

Source: Social Security Administration, 1982 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust Funds (Government Printing Office, 1982).

PL 98-21 SOCIAL SECURITY AMENDMENTS 1983 WITH ELDERLY IMPACT IN MASSACHUSETTS

The Social Security finance law, passed by Congress in 1983, secured the financial security of Social Security benefits and retirement benefits for the first time in over a decade. It guaranteed these benefits for both short and long term periods. PL 98-21 eliminated the projected deficit which Social Security would have incurred over the next seventy-five (75) years. The amendments with elderly impact are as follows:

1. Cost of living adjustments (COLA) delayed the July 1983 COLA to January of 1984.
2. Increases will be made in the normal retirement age from the present 65, beginning with those attaining age 62 in 2000, so that it will be 66 for those attaining such age in 2009-20; then rising to 67 for those attaining such age in 2027 and after. Age 62 is retained as the early retirement age, cut with larger actuarial reductions.
3. The retirement earning test for persons at the normal retirement age up to age 70 is liberalized, beginning in 1990, by changing the $1-for-$2 reduction in benefits for earnings above the annual exempt amount to a $1-for-$3 basis.
4. Increase will be made in the credit for postponing claiming benefits beyond the normal retirement age from 3 percent per year for persons attaining age 65 in 1983-89 to 8 percent for persons attaining normal retirement age in 2009 and thereafter.
5. Several changes are made to liberalize benefits which primarily affect (e.g., indexing deferred widow(er)'s benefits by whichever is more favorable, price or wages, and increasing the benefit rate for disabled widow (er)s aged 50-59 from 50-71.5 percent depending upon age at

disablement to a uniform 71.5 percent).

6. So-called "windfall benefits" for retired and disabled workers who have pensions from non-covered employment and OASDI benefits based on a short period of covered employment are reduced.
7. The offset of Government employee pensions based on employment not covered by OASDI against OASDI spouse and widow (er) benefits is reduced from a full offset to a two-thirds offset.
8. The indexing of benefits in payment status is changed from being based only on the Consumer Price Index (CPI) to the lower of CPI or wage increases, but only when the Trust Funds are relatively low.
9. A new method of reimbursement of providers of services will be phased in gradually. This will be done on the basis of uniform amounts (but varying as among nine geographical areas and as between rural and urban facilities) for each of 467 Diagnosis Related Groups. (DRGs)
10. No change is made in the minimum eligibility age for HI benefits (i.e., it remains at 65).
11. Section 403 of the Social Security Reform Act provides Social Security income for temporary residents of emergency shelters for the homeless. Any eligible (aged, blind, or disabled) individual or eligible spouse may be eligible for Social Security benefits for more than three (3) months in a twelve (12) month period.[2]

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[2] Cohen, Wilbur J. "Social Security: The Compromise and Beyond." Save Our Social Security Education Fund: Washington, D.C., 1983, p. 6.

PROPOSED MEDICARE AMENDMENTS AND THE FY84 BUDGET

President Reagan's Fiscal Year 84 Budget proposals call for a $2.6 billion reduction in Medicare spending. In addition to the already enacted prospective payment plan (DRG), the President's budget includes several other controversial proposals.

1. Cost Sharing

   Under the present law, a Medicare beneficiary is required to pay a deductible (one day hospital stay $305) 1-60 for the first 60 days, then a co-payment of $76 a day (61-90 days).

The proposed budget changes require a co-payment of 8% days, days 2-16; then, a co-payment of 5% days, days 16-60. After 60 days of co-payment, the beneficiary would no longer be required to pay anything; President Reagan's proposal reverses the current system. (Under current law, beneficiary pays $0 for days 2-60, 25% after 60 days). The Study Group on Social Security reports that less than 2 percent of all Medicare stays are for periods of more than 60 days.[3]

SUPPLEMENTARY MEDICAL INSURANCE (Part B)

Increase deductible from current rate of $75 to $80 for 1984 and to $100 by 1988.

Increase current premium of $12.00 a month to $14.00 in 1984 and $33.70 by 1988.

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[3] "Social Security Rescue Plan Enacted: Update No. 25." Prepared by the Study Group on Social Security, April 20, 1983.

DELAY ELIGIBILITY AGE

Another of the Administration's proposals is to delay the eligibility for Medicare to one month after reaching age 65 instead of the 65th birthday.

MEDICARE VOUCHERS

Beginning in 1985, a beneficiary would have the option of electing a Health Maintenance Organization. Medicare would contribute 95% of what it would have cost the beneficiary under Medicaid. The Beneficiary would have to pay an additional cost and if treatment is less, the beneficiary could apply for a cash rebate.

Medicare cash reimbursements would be frozen in 1984 at 1983 levels.

IMPACT ON ELDERLY AND STATES

In July of 1983, the Legislative Service Bureau conducted a survey of the fifty states to determine the impact of the new Social Security law on the elderly of other jurisdictions (See Table II for summary). The survey letters were sent to the Directors of Elder Affairs in each respective state. The following questions were asked:

1. What will be the impact of the 1983 Social Security Reform Act (Pl 98-21); particularly, the Cost of Living Adjustment, Income Tax Credit for Elderly, Surviving Divorced and Disabled Spouse Benefits, Elimination of gender-based distinction, and the potential impact of President Reagan's proposed Medicare Amendments now before the Advisory Council on Social Security?

2. Also requested were any studies, statistical data or reports compiled on the enacted Social Security law.

Out of the fifty states surveyed, eighteen (18) states responded. Twelve (12) states indicated that they had not yet completed any analysis of the newly enacted Social Security law and proposed amendments. Six (6) states indicated that they believed the enactment of the Social Security law, with the exception of the OASI bail-out, would be detrimental to the elderly and to the states.

The following is an exerpt from Ms. Helen G. Boosalis, Director of the Department of Aging for the State of Nebraska:

> Generally speaking, any change which takes dollars from the pockets of older citizens (COLA adjustments) or requires greater out-of-pocket expenditures (most Medicare amendments) move a larger number of persons into the financially needy category, either necessitating greater expenditures under state programs or increasing the plight of the poor and near poor.
>
> While the Social Security proposals meet the actuarial needs of the system, we in the aging network must look at them critically for their impact on the elderly. We must question whether the ultimate result--fiscal integrity--might not be reached through the use of incentives, as in the liberalization of the earnings limitation. Many older citizens would like to be self-sufficient, earning their own way and paying their own bills. Unfortunately, economic factors prevent many from the goal of employability for those who can work and desire to do so. While there may have been some Medicare savings, much was lost in terms of taxes and spending by the employed elderly.

Another excerpt from Ms. Myla C. Florence, an administrator of the Division for Aging Services in the state of Nevada states:

> Not only do increased deductibles pose a problem to both the elderly, state, and local governments, but so does the disparity between reimbursement levels and actual medical expenses. This problem would only be more complicated by the imposition of fixed fee standards for hospital reimbursement as some have proposed. Further compounding of the problem caused by fixed fee standards is the tendency to compensate for the loss of revenue by decreasing quality and efficiency of hospital services. This loss of revenue will likely result in increased cost passed on to the general public.
>
> Therefore, the concern expressed herein is twofold: for state and county government, and for the elderly population. Increases in deductibles, which have apparently become automatic in recent years, are devestating to older citizens living on a fixed income who already pay a disproportionate share of their income on health care. State and county governments who must assume a portion of the burden for health care for nearly 70% of the more than 10% of the elderly population living below or at the poverty level stand to be victims of increases in deductibles. The saddest victims, however, are those elderly individuals not qualifying for state and county government assistance who will no longer be able to sustain a decent and dignified existence in the fact of this additional erosion of their resources.

Massachusetts Secretary of Elderly Affairs, Dr. Richard Rowland, has also commented on the affect that Social Security Reform will have on our Massachusetts elderly population. He states:

> The President's medicare proposals would significantly increase the cost of health care to senior citizens. Medicare recipients would have to pay an additional $28 per day for the second through the fifteenth day of hospitalization, and an additional $17.50 per day through the sixtieth day.

While the proposal provides catastrophic coverage for longer hospital stays, the average hospital stay nationwide for those over 65 is 11 days. However, in Massachusetts the average stay is 15 days. Most medicare beneficiaries therefore will pay an additional $392 for an average hospital stay, a 150% increase over their present out of pocket payments.

The President's budget would also increase the cost of Medicare Part B premiums. The proposals would gradually raise premiums until they reach 35% of program costs by calendar 1988. For 1984, the premiums would be increased 2%. Premiums now pay for 23% of program costs.

Observers expect that implementation of these increases will reduce utilization of preventive health as beneficiaries will delay seeking treatment during the earlier stages of illness because of the higher costs.

Massachusetts has the 10th largest elderly population in the country (See Table III) and according to the U.S. Bureau of Census (See Table IV), 14.5 percent of the elderly population income falls between 3,000 and 4,000 and a total of 78.8 percent of the elderly population in this country income is below $10,000 a year. This figure gives credence to the opinions of administrators across the country that if the current Medicare proposals are adopted, a great number of the elderly population will not be able to afford the cost sharing and become welfare recipients of the state. Others will be forced to utilize Medicaid (50 state / 50 federal) to pick up the deductible.

TABLE II

STATE	NO STUDIES AVAILABLE	ADVERSE IMPACT ON ELDERLY & STATE PROGRAMS	MEDICARE WAIVER
CALIFORNIA		*	
DELAWARE	*		
FLORIDA	*		
GEORGIA	*		
IOWA	*		
LOUISIANA	*		
KANSAS	*		
MASSACHUSETTS			*
MARYLAND		*	*
NEVADA		*	
NEBRASKA		*	
NEW JERSEY			*
NEW YORK		*	*
OHIO	*		
OREGON	*		
PENNSYLVANIA	*		
RHODE ISLAND		*	
TENNESSEE	*		
WEST VIRGINIA	*		
WISCONSIN	*		

Source: 50 State Survey, conducted by the Massachusetts Legislative Service Bureau. July, 1983. (Letter responses on file).

TABLE III

STATE POPULATIONS AGED 65 & OVER (Numbers in Thousands)

State	Number	Rank	Percent	Rank in %
Alabama	440	19	11.3	24
Alaska	12	51	2.9	51
Arizona	307	28	11.3	25
Arkansas	312	27	13.7	2
California	2,415	1	10.2	34
Colorado	247	33	8.6	46
Connecticut	365	26	11.7	18
Delaware	59	48	10.0	36
District of Columbia	74	46	11.6	20
Florida	1,685	3	17.3	1
Georgia	517	16	9.5	41
Hawaii	76	45	7.9	49
Idaho	94	41	9.9	37
Illinois	1,261	6	11.0	29
Indiana	585	13	10.7	31
Iowa	387	24	13.3	4
Kansas	306	29	13.0	8
Kentucky	410	21	11.2	27
Louisiana	404	22	9.6	39
Maine	141	36	12.5	11
Maryland	396	23	9.4	42
Massachusetts *	727	10	12.7	10
Michigan	912	8	9.8	38
Minnesota	480	18	11.8	17
Mississippi	289	31	11.5	21
Missouri	648	11	13.2	5
Montana	85	43	10.7	32
Nebraska	206	35	13.1	7
Nevada	66	47	8.2	47
New Hampshire	103	40	11.2	28
New Jersey	860	9	11.7	19
New Mexico	116	38	8.9	45
New York	2,161	2	12.3	13
North Carolina	602	12	10.2	35
North Dakota	80	44	12,3	14
Ohio	1,169	7	10.8	30
Oklahoma	376	25	12.4	12
Oregon	303	30	11.5	22
Pennsylvania	1,531	4	12.9	9
Rhode Island	127	37	13.4	3
South Carolina	287	32	9.2	44
South Dakota	91	42	13.2	6
Tennessee	518	15	11.3	26
Texas	1,371	5	9.6	40
Utah	109	39	7.5	50
Vermont	58	49	11.4	23
[illegible]	505	17	9.4	43
Washington	431	20	10.4	33
West Virginia	238	34	12.2	15
Wisconsin	564	14	12.0	16
Wyoming	38	50	8.0	48

TABLE IV

DISTRIBUTION OF TOTAL MONEY INCOME OF PERSONS AGE 65 AND OVER, 1980

Income	Percent of Total Persons 65+
$ 1 - 1,999	7.6
2,000 - 2,999	12.9
3,000 - 3,999	14.5
4,000 - 4,999	12.7
5,000 - 5,999	8.5
6,000 - 6,999	7.3
7,000 - 8,499	8.2
8,500 - 9,999	6.2
10,000 - 14,999	11.0
15,000 - 19,999	4.5
20,000 - 29,999	3.5
30,000 - 49,999	1.5
50,000 - and over	0.6

No Money Income	0.9%
Under $4,000	35.9%
Under $5,000	48.6%
Under $10,000	78.8%
Under $15,000	89.8%

Source: U.S. Bureau of the Census, Money Income and Poverty Status of Families and Persons in the United States, 1980.

1983 STATE AND FEDERAL LEGISLATION

There have been numerous Petitions and Resolutions filed before both the Massachusetts General Court and the Congress of the United States this year due to anticipated changes in the Social Security System which will have immediate impact upon the elderly. The following is a summary of both State and Federal legislation filed in 1983.

Pending Social Security Legislation in Massachusetts

Bill No.	Description	Latest Action
H 208	AN ACT to ensure reimbursement to the Commonwealth for aid provided pending a determination of eligibility for SSI.	4/27/83 H Accompanied S817 (Study)
H 554	AN ACT permitting recipients of old age assistance, aid to the blind and disability assistance to benefit from increases in Federal Social Security benefits.	5/10/83 H Bill reported favorably by committee and referred to the committee on House Ways & Means
H 1459	RESOLUTIONS memorializing the Congress of the United States and the General Court of the Commonwealth of Massachusetts to secure and guarantee to all retired persons the full benefits of the Social Security Act.	5/11/83 H Report Accepted
H 753	RESOLVE to create a Special Commission to investigate redeterminations of Social Security Disability.	3/31/83 H Accompanied H3507 (Study)
S 435	AN ACT memorializing Congress to amend the status dealing with Social Security benefits.	3/21/83 S Report Accepted.

Social Security Proposals Before the 98th Congress of the United States:

Many bills affecting Medicare and Medicaid are introduced in each session of Congress, but only bills that have been reported out of the House Committee on Ways and Means,

the House Committee on Energy and Commerce, the Senate Labor and Human Resources Committee, or the Senate Finance Committee have much chance of enactment. Thus any bill affecting Medicare and/or Medicaid legislation that is reported out of the above-mentioned committees will be listed below, along with certain other bills of particular interest.

Bill No.	Description	Latest Action
H.R. 1473	Would amend the Internal Revenue Code of 1954 to increase by 8¢ per pack the federal excise tax on cigarettes and would transfer the additional revenues into the Federal Hospital Insurance Trust Fund.	Introduced 2/15/83
H.R. 1718	Provides among other things, $5 million in fiscal year 1983 to train homemaker-home health aides and to make grants and loans to start up home health programs in underserved areas (implements Sec. 339 of the Public Health Service Act).	Approved as P.L.98-8 3/25/83
H.R. 1792	Would amend the Medicare Act to require guidelines with respect to the return of unused home dialysis supplies.	Introduced 3/2/83
H.R. 1900	The "Social Security Act Amendments of 1983" Title VI of H.R. 1900, "Prospective Payments for Medicare Inpatients Hospital Services", would reimburse hospitals prospectively determined fees for 467 diagnosis-related groups of illnesses Part of the administration's Health Incentives Reform program. Text of provisions relating to prospective payments as passed by the House. Including the Committee Report and the changes in existing law, in Part II of Report No. 382 (CCH Special 1); as reported by the Senate Finance Committee, including the Committee Report, in Part II of Report 383 (CCH Special 2); and as passed by Congress (before technically corrected), including the Conference Report, in Part II of Report 384 (CCH Special 3).	Introduced 3/3/83 Reported without Amends by W & M 3/4/83 Passed H with amends 3/9/83 Passed S with further amends 3/23/83 Reported by Conf. Com with further amends 3/24/83 H and S agreed to Conf. Report 3/24/83 Technically corrected 4/7/83 by H. Con. Res. 102 Approved as P.L. 98-2 4/20/83
H.R. 2495	Would provide for establishment of a bipartisan commission to study and make recommendations concerning changes in Medicare to assure its short-term and long-term financial solvency and the appropriateness of its benefit structure.	Introduced 4/12/83

Bill No.	Description	Latest Action
H.R.2934	Would amend the Public Health Service Act to extend through fiscal 1985 the health planning authority under that act and to repeal that authority September 30, 1986.	Introduced 5/1/83 Ordered reported
H.R.3021	Submitted for H.R.2552. Would establish a federal-state entitlement program to provide health benefits for unemployed workers.	Introduced 5/16/83 Reported to Energy and Commerce Com. with amends.
H. Con. Res. 91	Would set forth the congressional budget for fiscal years 1983-86, rejecting all the Medicare and Medicaid cuts proposed in the Administration's "Health Incentive Reforms" program (see S. 640-643 below). Would provide expanded Medicaid services to low-income children and pregnant women.	Introduced 3/21/83 Reported without amends 3/21/83 Passed H. without amends. 3/23/83
S.1	See H.R.1900.	
S.640	The "Health Costs Containment Tax Act of 1983" would amend the Internal Revenue Code of 1954 to provide for the inclusion of certain employer contributions to health plans in an employee's gross income. Part of the Administration's Health Incentives Reform program.	Introduced 3/1/83
S.641	The "Medicare Voucher Act of 1983". Would provide for voluntary private alternative coverage for Medicare beneficiaries. Part of the Administration's Health Incentives Reform program.	Introduced 3/1/83
S. 642	The "Medicare Catastrophic Hospital Cost Protection Act of 1983". Would provide coverage for long and expensive hospitalizations and would introduce coinsurance on the initial days of hospitalization. Part of the Administration's Health Incentives Reform program.	Introduced 3/1/83
S.643	The "Health Care Financing Amendments of 1983". Would among other things, limit Medicare customary and prevailing charges for physician services at 1983 levels for one year beginning in July 1984. Would limit the rate of increase in hospital expenditures for fiscal year 1984 to only the increase in the hospital market basket index (instead of limiting the rate to the market basket index plus 1% as currently in effect under the Tax Equity and Fiscal Responsibility Act of 1982). Part of the Administration's Health Incentives Reform program.	Introduced 3/1/83

Bill No.	Description	Latest Action
S.811	Would provide block grants to states for the purpose of providing health insurance or health care benefits to unemployed workers. Allows the states great flexibility in setting up and administering benefits.	Introduced 3/15/83 Hearings S. 3/3/83 Com. on Labor and Human Resources 3/9/83
S.951	Would provide health care coverage for the unemployed and their dependents, not to exceed Medicaid benefits and to be administered through state Medicaid agencies.	Introduced 3/24/83 Hearings, S. Fin. Com 4/21/83
S.1244	The "Senior Citizens Independent Community Care Act". Would allow Medicare to cover services provided to chronically ill and frail older persons in their homes, thereby avoiding hospitals and nursing homes unless absolutely necessary.	Introduced 5/10/83
S. Con.	Would set forth the congressional budget for fiscal years 1983-1986, approving $784 million in Medicare cuts. Would add $1.8 billion for health benefits for the unemployed and would expand Medicaid services to low-income children and pregnant women.	Introduced 4/24/83 Reported 4/24/83 Passed S. with amend 5/19/83

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